

# Request for Continued Examination (RCE) Transmittal

Address to:  
Mail Stop RCE  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application No.	10/576,813
Confirmation No.	9037
Filing Date	December 4, 2006
First Named Inventor	Thomas Stiefel
Group Art Unit	1781
Examiner Name	Elizabeth A. Gwartney
Attorney Docket No.	251508
Client Reference No.	PA35720USFZ015tcl

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

**1. Submission required under 37 CFR 1.114**

- a.  Previously submitted
  - i.  Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on August 13, 2010  
(Any unentered amendment(s) referred to above will be entered.)
  - ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on
  - iii.  Other:
- b.  Enclosed
  - i.  Amendment/Reply
  - ii.  Affidavit(s)/Declaration(s)
  - iii.  Information Disclosure Statement (IDS)
  - iv.  Form PTO-1449
  - v.  Copies of References listed in Form PTO-1449  
(except for U.S. patents and applications)
  - vi.  Other:

**2. Miscellaneous**

- a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of      months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)
- b.  Applicant claims small entity status. See 37 CFR 1.27
- c.  Other:

**3. Fees -** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- |      |  |  |  |  |  |  |  |            |
|------|--|--|--|--|--|--|--|------------|
| a.   | <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below.   |  |  |  |  |  |  |            |
| i.   | <input checked="" type="checkbox"/> RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e)   |  |  |  |  |  |  | \$810.00   |
| ii.  | <input checked="" type="checkbox"/> Three-month extension of time fee of \$1,110.00 (37 CFR 1.136 and 1.17)  |  |  |  |  |  |  | \$1,110.00 |
| iii. | <input checked="" type="checkbox"/> A two-month extension has already been secured and the fee paid therefor of \$490.00 is deducted from the total fee due for the total amount of extension now requested.   |  |  |  |  |  |  | -\$490.00  |
| iv.  | <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely.<br>Please charge Deposit Account No. 12-1216 for the appropriate petition fee. |  |  |  |  |  |  |            |
| v.   | <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i))   |  |  |  |  |  |  | \$ 0.00    |
| vi.  | <input type="checkbox"/> Other:  |  |  |  |  |  |  |            |
| vii. | <input type="checkbox"/> Claim fee   |  |  |  |  |  |  |            |

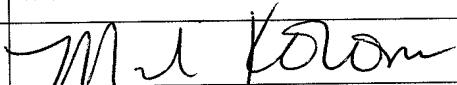
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
TOTAL	15	MINUS	20	= 0	x 26 =	\$0.00	x 52 =	\$0.00	
INDEPENDENT	2	MINUS	3	= 0	x 110 =	\$0.00	x 220 =	\$0.00	
	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM			+ 195 =		\$0.00	+ 390 =	\$0.00	

**Total amount to be charged to Deposit Account**

\$1,430.00

- b.  The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216.

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL  
(continued)

<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>			
Name (Print/Type)	Melissa E. Kolom	Registration No. (Attorney/Agent)	51,860
Signature		Date	September 23, 2010
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)